

THE INNOVATOR

Optimizing Combat Casualty Care

Vol. 6 No. 6

June 2017



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SAM Junctional Tourniquet among exhibits at the 2017 Military Invention Day



Michael A. Dubick, Ph.D., Chief of the USAISR Damage Control Resuscitation Research Program explains the function and capabilities the SAM Junctional Tourniquet to Gen. Mark A. Milley, the Chief of Staff of the Army.

By Dr. Steven Galvan
USAISR Public Affairs Officer

A researcher from the U.S. Army Institute of Surgical Research at Fort Sam Houston, Texas, was among several Armed Forces scientists, engineers and inventors at the 2017 Military Invention Day held May 20 at the Smithsonian's National Museum of American History. Michael A. Dubick, Ph.D., Chief of the USAISR Damage Control

Resuscitation Research Program, displayed and demonstrated the function and capabilities the SAM Junctional Tourniquet to attendees at the event including Gen. Mark A. Milley, the Chief of Staff of the Army.

"It's important for military leadership to know about this work because they make the plans to send Soldiers, Sailors, Airmen and Marines into harm's way," said Dubick. "Leadership
SAM JTK Continues on Page 7

The Official Newsletter of U.S. Army Institute of Surgical Research

CDR's Corner



Col. (Dr.) Shawn C. Nessen
Commander, USAISR

"Optimizing Combat Casualty Care"

Team ISR,

This month I would like to talk about one of the six key components required for organizational success that I shared with you in my "command philosophy." If you remember, those six components are: dignity and respect, communication, fairness, integrity and trust. The component that I would like to talk about this month is "fairness."

If you recall, I wrote: "Fairness: No person at the USAISR should feel they are being treated unfairly, and we must avoid the perception of unfairness. Examples of unfair acts include taking credit for someone else's work or using influences to hire a friend. Establishing an environment of fairness requires effective communication and counseling. Leaders who do not tell a subordinate they are not meeting the standard are not being fair, and giving everyone a top evaluation is not fair to those who have excelled. We must ensure that our policies, procedures and habits provide an equal opportunity for all to achieve their goals."

The Department of Defense is fielding a new evaluation system for civil-

ian employees and the briefing I have received on that system makes it very clear that each employee starts with an average rating and that an average rating essentially means the employee is meeting the requirements for their position description. Any grade above an average grade will require performance beyond the basic requirements of the position description.

Implementing a new evaluation system can be painful. Early in my career the officer evaluation system had to be over-hauled because promotion and selection boards struggled to determine who the best performers were for selection. We had to make similar changes to the NCOER system recently because so many NCOs were receiving the highest ratings that again, it was not possible to effectively promote and select the highest performers for key positions and ranks. Such a system is unfair to both organizations and individuals. It is not fair to the organization because it is not clear who should be promoted and it is not fair to individuals who either cannot distinguish themselves based on their work, or who have not been advised where they need to improve in order to be competitive for advancement. This is what happens when an A becomes the average grade.

The USAISR is among the finest organizations with some of the best people I have ever encountered in a military career that now spans 30 years. So, I do understand how difficult it can be to evaluate anyone in this organization as average. However, in order to be fair to everyone and the institute, we must do better with our evaluations. This is why I have asked our leaders to spend more time sitting down with their employees and understanding everyone's goals and ambitions, and understanding each individual's strengths and articulating areas for improvement.

I am committed to leadership development at every level of our organization, and over the next year I

intend to devote significant resources to training leaders. We will start with effective counseling and evaluations, and we will also evaluate our awards systems and also make a real effort to develop the future leaders of the USAISR who undoubtedly already are making significant contributions daily to surgical research. I am open to suggestions anyone may have so please let me know your concerns.

I have incredible confidence and trust in the leaders of the USAISR. I know together with all of our employees and uniformed personnel, we will implement policies that will ensure we build the future leaders who will ensure this institute continues to lead the world in all aspects of surgical research for years to come. Thank you for all you do every day.



THE INNOVATOR

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Col. (Dr.) Shawn Nessen
Commander

Sgt. Maj. William "Dave" Poist Jr.
Sergeant Major

Steven Galvan, D.B.A.
Public Affairs Officer

The Innovator is an authorized publication for members of U.S. Army Institute of Surgical Research, published under the authority of AR 360-1. Contents are not necessarily official views of, or endorsed by the U.S. Government, Department of Defense, Department of the Army, or USAISR.

The Innovator is published monthly by the Public Affairs Officer,
3698 Chambers Pass, Bldg 3611
Fort Sam Houston, TX 78234.

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Deadline for submission is five days before the first of the month. We reserve the right to edit submissions selected for publication.

Poist assumes role as USAISR's top NCO

Story and photos by Dr. Steven Galvan
USAISR Public Affairs Officer

Sgt. Maj. William “Dave” Poist Jr. assumed responsibility as the senior enlisted advisor of the U.S. Army Institute of Surgical Research at Fort Sam Houston, Texas. Poist joins the Institute after a tour as the U.S. Army Medical Department Center and School, U.S. Army Health Readiness Center of Excellence, Operations, Plans, and Training, chief operations noncommissioned officer.

“I am extremely blessed and excited to have been chosen to work at the ISR where our Soldiers and civilians contribute tremendously to our mission of optimizing combat casualty care,” said Poist.

Poist has been in the Army for almost 27 years and said that joining the military was inevitable.

“My grandfather and father served in World War II and Vietnam,” he said. “I was a very patriotic kid who had a calling to serve my country.”

His leadership philosophy is pretty simple. He said that he wants to take his experience and knowledge and share it with his Soldiers to help shape them into the leaders who will move up the ranks in the future.

“I just want to be a positive mentor and leader to these great Americans who work, support and contribute to this organization and our country,” Poist added.

Poist gives a lot of the credit to his family for his success in the Army. He and his wife have five children ranging from ages seven to 24. He added that he’ll continue to thrive with “continued support and compassion” from his family. Poist acknowledges that he still has a few good years to contribute to the ISR and the Army’s mission, but knows that he’ll eventually have to retire.

“My goal is to retire standing up,” Poist said. “When I retire I would like



Sgt. Maj. William “Dave” Poist Jr. is the senior enlisted advisor of the U.S. Army Institute of Surgical Research.

to purchase 100 acres of land to build a custom house on a lake or river and to travel cross country in an RV. I would also like to become a high school JROTC instructor and/or teacher; and coach varsity baseball.”

Poist enlisted in the Army in 1990 as a mechanized infantryman and

reenlisted in 1994 as a radiology specialist. He has served in multiple leadership positions from rifle team leader, squad leader, platoon sergeant, first sergeant, chief radiology instructor writer, chief radiology noncommissioned officer, and chief medical sergeant major.



Sgt. Maj. William “Dave” Poist Jr. addresses the USAISR Company after a recent Soldier/Civilian awards ceremony in front of the Institute’s entrance.

Company Notes



Company Commander
Capt. Cleveland S. Bryant Jr.

For the month of May, the ISR sponsored and hosted the Asian American Pacific Islander Heritage Month Observance and their cultural contribution to our great American society. The event involved a unique combination of Asian dance and musical performances which delighted the audience. The highlight of the event was graced by the presence of guest speaker, Sister Margit Maria Nagy, professor of history at Our Lady of the Lake University. Her personal story and experiences vividly reflects her commitment and dedication in promoting mutual understanding and friendship between Japan and the United States. The USAISR EO team was phenomenal in setting up and presentation of the event. Much appreciation and gratitude of their hard work and dedication in bringing this event to life.

Congratulations to the Sgt. Elizabeth Babcock for her direct commission to 2nd Lt. in the United States Army. Prior to her commissioning, 2nd Lt. Babcock successfully conducted her duties as the USAISR Retention NCO having flawlessly met MRMC retention quotas during her tenure. Her dedication and commitment to Soldiers was definitely reflected with her work in Retention. She will definitely bring that same dedication and commitment to both Soldiers and colleagues she will work with at her next assignment. The best of wishes

and blessings, 2nd Lt. Babcock.

Congratulations to the following personnel graduating the Basic Leadership Course: Spc. Le Krystal Harris and Sgt. Sean Gay--Sgt. Gay was also promoted to his current rank. Congratulations on the reenlistment of Spc. Jorhan Ocasio. Also, congratulations to Staff Sgt. Brandon Cummings on his promotion. We would also like to congratulate the following personnel for promotions to Major: Sarah Hensley and Erika Landers; to Sgt.: Nicholas May and Alisa Lebedeva. Last, but not least, congratulations to Spc. Thomas Spino on his selection as the May Soldier of the Month.

Upcoming events: in June are the Military Appreciation Day at the Institute (June 30), and a Breakfast Sale Fundraiser.

Remain vigilant, be creative, be productive and stay focused on the mission you support here at the ISR. We as the Company Command team encourage you all to continue the great and innovative work you endeavor here every day. Once again, remember that your work and ideas from this organization are critical to the advancement of medicine and science globally. You are the tip of the spear of medical innovation and progress. Continue to be the torch of this noble cause.

Summer is around the corner and the temperature is rising. Remember that proper skin care and hydration is critical while conducting outdoor activities. Enjoy this time with family and friends. Continue to maintain good health and sound well-being throughout this year. Be sure to cherish the time with family and friends. Be a light of peace, hope and love to all.

Thank you all for everything you all do every day. Continually, it is truly an honor serving as your Company Commander and First Sergeant! God Bless you all.



Soldier of the Month
Spc. Thomas Spino

One Team. One Purpose!
Conserving the Fighting Strength!



Sgt. 1st Class Jonathan Lucas gives Staff Sgt. Brandon Cummings a hat with his new rank during his promotion ceremony May 1.

Around the ISR Company

Top right: Capt. Cleveland Bryant administers the “Oath of Reenlistment” to Spc. Jorhan Ocasio during his reenlistment ceremony May 1.

Center right: Master Sgt. Burt “Tom” Hensley pins on the new rank on his wife Maj. Sarah Hensley at her promotion ceremony May 17.

Bottom right: Capt. Cleveland Bryant presents Sgt. Sean Gay with his Certificate of Promotion during his promotion ceremony May 3. Photo by Sgt. 1st Class Marshall Davis Jr.

Bottom left: Col. (Dr.) Michael Nessen, left, and Sgt. Maj. William “Dave” Poist Jr. with newly promoted Maj. Erika Landers at her promotion ceremony May 30.

Top left: Sgt. Alisa Lebedeva gets her new rank pinned on by Sgt. Mylah Joy Freeman May 1.



New potential approach to TBI assessment, treatment

Story and photo by Dr. Steven Galvan
USAISR Public Affairs Officer

Researchers at the U.S. Army Institute of Surgical Research at Fort Sam Houston, Texas, in collaboration with NeuroChaos, Inc., in Austin, Texas, are looking at a novel approach to assessing traumatic brain injuries which could assist in the way patients with TBI are identified, assessed and treated. The research was designed to evaluate a new algorithm that measures cerebral blood flow velocity using transcranial Doppler technology called the Neurovascular Complexity Index (NCI).

According to Jeffrey T. Howard, Ph.D., a general health scientist and epidemiologist at the USAISR and primary investigator, data was collected from about 170 healthy participants and compared to 12 patients with moderate and severe TBI.

“The objective of this research was to test the hypothesis that a measure of cerebral blood flow velocity variability would distinguish patients with moderate and severe TBI from healthy patients,” said Howard.

Howard added that this type of research is relevant for the military since about 90 percent of combat casualties with TBI also suffer additional injuries, often including hemorrhage requiring resuscitation that can exacerbate brain injuries.

“What we’re hoping to do is to provide a tool that will help battlefield medics with the ability to diagnose TBI quickly, identify the severity of the TBI, and monitor the combat casualty continuously for prolonged periods of time,” Howard said.

A current approach for diagnosing a patient with a TBI is by using the Glasgow Coma Scale. Patients are assigned a numerical score according to three criteria: eye opening; best motor response; and best verbal response. A normal patient would be given a score

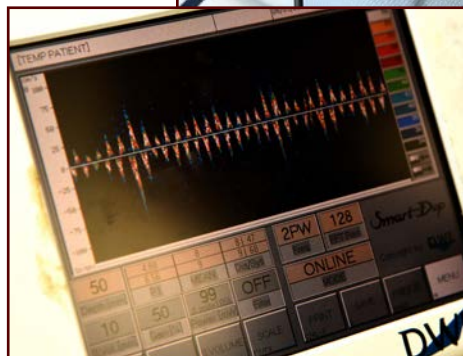
of 15 using this scale. A patient with 13-14 score has mild TBI; 9-12 moderate TBI; and a score of 3-8 would be severe TBI.

“One problem with the Glasgow Coma Scale is that it can be challenging to consistently perform due to differences in knowledge level and training of providers, combined with the complexity of individual variability of symptoms,” Howard said. “The advantage of the NCI is that it provides a quantitative, physiological measure of blood flow velocity to the brain and can detect disruptions in the normal patterns of blood flow variability that result from injuries.

“It is difficult to use the Glasgow

Coma Scale to accurately diagnose and determine the severity of TBI at the point of injury or quickly thereafter, especially in austere environments with patients who have multiple injuries and may be unconscious due to a variety of factors. This new individualized approach is specific to the individual and is showing some encouraging results in distinguishing between healthy and injured patients with TBI. We still have a while to go with this new approach, but it’s looking promising.”

The preliminary findings are being published in an upcoming issue of the *Journal of Trauma and Acute Care Surgery*.



Jeffrey T. Howard, Ph.D., a general health scientist and epidemiologist at the USAISR and primary investigator, uses a transcranial Doppler technology called the Neurovascular Complexity Index to evaluate a new algorithm that measures cerebral blood flow velocity.

SAM JTK Continued from Page 1

needs to know that we're working on solutions to take care of these Service Members should they get injured."

The SAM Junctional Tourniquet was awarded the 2015 Major General Harold "Harry" J. Greene Award for Innovation (Group category), formerly known as the Top 10 Army's Greatest Invention Award. The SAM Junctional Tourniquet is designed to stop bleeding in junctional areas of the torso

where limb tourniquets cannot be used like in the groin area or shoulder.

"We shared our booth with the 'ballistic shirt' which won the individual Innovation Award," added Dubick. "The event coordinator from our headquarters at the U.S. Army Medical Research and Materiel Command said that of all the exhibits visited by Gen. Milley, he spent the most time with us and the ballistic shirt."

Dubick said that he had a great

experience at the event where he said he was visited by more than 1,000 attendees.

"I know I spoke to several military veterans and medical personnel, but the majority of people I spoke with were the lay public of all ages," said Dubick. "The young kids liked to inflate the bladder on the SAM. One woman said she found this much more interesting than visiting Julia Child's kitchen."

Babcock commissioned as clinical laboratory scientist officer

Story and photo by Dr. Steven Galvan
USAISR Public Affairs Officer

Sgt. Elizabeth Babcock, a Biological Sciences Assistant noncommissioned officer in charge at the U.S. Army Institute of Surgical Research Clinical Research Support Division, has been selected for a direct commission as a clinical laboratory scientist in the U.S. Army.

Babcock has been in the Army for six years and the ISR for 16 months and has a Master's degree in health sciences. She received her commission on May 15 and will attend the Direct Commissions Course in June at Fort Sill Oklahoma with the 6th Air Defense Artillery, and the Basic Officer Leadership Course in mid-July at the U.S. Army Medical Department Center and School at Fort Sam Houston, Texas. Her follow-on orders will take her to Bayne Jones Army Community Hospital at Fort Polk, Louisiana as the Deputy Lab manager.

"I am extremely excited," she said. "I know this will open a lot of new doors of opportunity for growth and provide stability for my family's future. I am a bit nervous about what lays ahead as this is all so new. But I feel that to truly find your full potential you need to expand past your comfort zone."

Babcock said she joined the Army because she wanted to join an organization that held the same values that

she has.

"At the age of 27, when I joined I had already reached my professional goals that I had initially set out to accomplish," said Babcock. "I knew that I could do more, and should do more. The Army just seemed the next logical and progressive choice. My father served in the Army, as well as many other family members that had served or were currently serving among the Armed Forces branches."

The Michigan native has been accompanied by her two children—her 10-year-old son and seven-year-old daughter. Her short-term goals are to

excel at her upcoming courses at Fort Sam and to build new relationships with her new peers. Her long-term goal is to go to post-graduate school and earn a Ph.D. in Translational Medicine.

Her advice to anyone who would like to follow in her path is: "To never give up. Most people who have commissioned will tell you that they weren't selected for commission until their second or third time applying. Take that time in between board selection years to continue building your packet to make yourself more competitive."



2nd Lt. Elizabeth Babcock presents Sgt. 1st Class Robert Hann with a silver dollar after he gives the traditional first salute during her commissioning ceremony May 16.

Safety Notes

By Stephanie L. Truss
Health, Safety and Environmental Specialist



June is National Safety Month

Throughout the U.S. injuries are a leading cause of disability for people of all ages – and they are the leading cause of death for Americans ages 1 to 44. But there are many things people can do to stay safe and prevent injuries. This is not only at work, but a home and at play. Now let's focus on workplace injuries for a moment. Within the DOD, two million dollars a day is spent on workers compensation. With that being said 80percent is spent on employees who never return to work. For the Charge Back Year (CBY) 2016 Fort Detrick had more than three million dollars in medical and compensation more than one million in compensation. The USAISR spent more than nine thousand dollars in medical and zero in compensation. Continue to prevent injuries promote safety and enforce safety rules.

Make a difference: Spread the word about ways to reduce the risk of injuries. Encourage communities, workplaces, families, and individuals to identify and report safety hazards. During the month our weekly safety tips along with certain safety facts will come out use this to start your weekly meetings, end of day formations or area safety brief. It can be a daily discussion within your office space. Your interaction on the topics with your coworkers, peers, employees will lead to great examples of lessons learned. It will hopefully provide the tidbit of information to spark the drive to keep safety on the forefront at all times. How can National Safety Month make a difference? We can all use this month to raise awareness about important

In the Spotlight

Sgt. Elizabeth Watson
Job title: Research Support Division Noncommissioned Officer in Charge

How long have you worked at the ISR? 6 months

What or who has been an inspiration to you in your work?

The Soldiers and my peers I work with. Everyone in the RSD has such strong work ethic and great attitudes.

What is your favorite part of your work? At the research facility, I love to be around Soldiers.

What is your proudest achievement? I am a proud mother.

Short- and long-term goals: My short-term goal is to get promoted to Staff Sergeant and my long-term goal is to get promoted to Sergeant 1st Class and earn a Bachelor's Degree in Nursing.

Hobbies: Running, watching *Law and Order-SVU*, spending time with my children.

Favorite book: N/A

Favorite movie/TV show: *The Old Man and the Sea* and *Prison Break*, *Empire*, *Power*, *Law and Order SVU*, *Criminal Minds*.

Favorite quote: "The best and most beautiful things in life cannot be seen or even touched, they must be felt with the heart".-Helen Keller
"Oh what a tangled web we weave, when first we practice to deceive."
-unknown



safety issues like:

- Medication safety and prescription painkiller abuse
 - Driving, biking, and working safely
 - First aid and emergency preparedness
 - Preventing slips, trips, and falls
- However each week we will also focus on the National Safety Council Topics:
- Week 1: Stand Up to Falls
 - Week 2: Recharge to Be In Charge (Focusing on Fatigue)
 - Week 3: Prepare for Active Shooters
 - Week 4: Don't Just Sit There (Focusing on Ergonomics)

cusing on Ergonomics)

Everyone can get involved in reducing the risk of injuries. Together, we can share information about steps people can take to protect themselves and others.

Now you are asking yourself, "How can I help spread the word?" Take the Safety Tips and safety information that will be sent out during the month of June and

- talk about it in your work areas
- have it incorporated in the end of day formations, area safety briefs that are provided by the first lines
- knock out the quarterly training requirement create a by name sign in roster and turn it with the 936

Ask your area Fire/Safety Monitor about this. If you don't know who the monitor is for your area contact me and I'll get that information to you. We've made it easier for you to make a difference!

NATIONAL
SAFETY
MONTH

Health News

By Maria G. Dominguez, R.N.
COHN-S/CM
Occupational Health



Summer is not just a season between spring and autumn. Summering is a summer job, vacation, summer camp, move, change, and PCing time!

There are always so many new regulations and things we need to keep at the tip of our fingers that we may not look or remember those that we use less often. A couple of weeks ago as I was assisting SRP Fit Testing and I realized that many of the soldiers I was interviewing were not aware of important information or only half information.

So I want to share with you a quick summary of recent occupational health updates.

In 2013, Congress gave the VA one year to create a registry that would acquire exposure and health information on service members and veterans who may have been exposed to airborne hazards during deployment — such as smoke from burn pits, oil-well fires, dust storms, or pollution. The VA developed an ambitious program to enroll volunteer participants and created the AH&OBP Registry.

In the Army, AR 600-63 leads us to think the Army Health Promotion of tobacco-free campus policy. But this major revision, dated 14 April 2015—also

- Incorporates information about the Army Ready and Resilient Campaign (para 1-5).
- The Ready and Resilient Campaign (R2C) guides the Army's efforts in cultivating a holistic, multidisciplinary approach to health promotion and includes the efforts of the Army Health Promo-

tion Program.

- Clarifies roles and responsibilities for chaplains relative to suicide prevention (para 1-32).
- Provides roles and responsibilities for the Installation Health Promotion Officer (para 1-33).
- Clarifies roles and responsibilities for the Installation Suicide Prevention Program Manager (para 1-34).
- Introduces the Specialized Suicide Augmentation Response Team/Staff Assistance Team process and establishes the team as a Headquarters, Department of the Army Deputy Chief of Staff, G-1 led, multidisciplinary team to provide intervention to suicide event clusters (para 4-4e(3)).
- Updates and clarifies suicide prevention training requirements and command responsibilities for the Suicide Prevention Program (para 4-7).
- Removes the Army Campaign Plan for Health Promotion, Risk Reduction, and Suicide Prevention self-assessment and compliance program requirement from this regulation (throughout).

DA PAM 600-24

Health Promotion, Risk Reduction, and Suicide Prevention

This major revision, dated 14 April 2015. This pamphlet sets forth procedures for establishing health promotion, risk reduction, and suicide prevention efforts. It provides holistic guidance to improve the physical, behavioral, spiritual, environmental, and social health of Soldiers, Army Civilians, and their Families
Army Regulation 11-35

This major revision, dated 11 May 2016, changes the regulation title from "Deployment Occupational and Environmental Health Risk Management" to "Occupational and Environmental Health Risk Management" and:

- Implements Department of Defense and Presidential directives
- Aligns the occupational and environmental health risk man-

agement principles with those described in ATP 5-19 (paras 1-5, 1-6, and 3-3).

- Mandates using the Defense Occupational and Environmental Health Readiness System for management of all unclassified--and the Military Exposure Surveillance Library's secret internet protocol router network capability, for archiving all classified--occupational and environmental surveillance data and documents (paras 1-5, 3-2, and 3-3).
- Updates the background section to reflect that occupational and environmental health risk management requirements apply to all phases of Army operations (deployed and non-deployed, to include training and garrison activities).
- Requires deployment health assessments for all deployments where Army personnel are expected to be exposed to an occupational and environmental health hazard that could exceed an occupational or permissible exposure limit (paras 1-5 and 3-3).
- Updates responsibilities to reflect organizations and roles under the current Army force structure (chap 2).
- Clarifies the requirement for the Deputy Chief of Staff, G-3/5/7 to develop an Occupational and Environmental Health Risk Management Program implementation plan (para 2-11).
- Establishes minimum Occupational and Environmental Health Risk Management program reporting requirements, to ensure accountability and ownership of the program throughout the Army (para 3-2).
- Requires the use of DD Form 2977 (Deliberate Risk Assessment Worksheet) to document all deliberate occupational and environmental health risk assessments (para 3-3).
- Requires occupational and envi-

HEALTH Continues on Page 16

Around the ISR

Top right: Lt. Col. Gerald Ross, left, gives a tour of the Burn Intensive Care Unit May 17 to employees of the Houston VA Medical Center.



Center right: Staff Sgt. Wendy Abel, left, gives a tour of the Burn Rehabilitation Unit to members for the Texas Employer Support of the Guard and Reserve May 18.



Bottom left: U.S. Army Institute of Surgical Research staff attended a tour at the Center for the Intrepid May 30.



Around the ISR cont.



Top left: Capt. Troy Dilmar, right, explains the mission of the staff at the Progressive Care Unit to U.S. Congressman Marc Vessey (TX-33) during a tour of the Burn Center May 10.

Center right: Col. (Dr.) Booker King, left, welcomes members of the 5th Medical Recruiting Battalion Center of Influence for a tour of the Burn Center May 17.

Bottom right: Sgt. Matthew Anselmo, second from right, briefs Maj. Gen. Jeffrey B. Clark, Director, Health Care Operations, Defense Health Agency, on the equipment used by the Burn Flight Team on missions.

Center left: Col. (Dr.) Shawn Nessen, right, presents Lt. Col. (Dr.) Michael Davis with a Meritorious Service Medal May 22.



USAISR holds Program Awareness Fair for employees

Story and Photos by Dr. Steven Galvan
USAISR Public Affairs Officer

The U.S. Army Institute of Surgical Research held its 3rd Annual Program Awareness Fair May 10 to promote awareness on the various programs available within the Institute and at Fort Sam Houston, Texas. Some of the programs covered during the fair included safety, health, sexual harassment/assault response and prevention, and equal opportunity to name a few.

“The intent of the Awareness Fair was to promote an innovative way for the organization to come out and have the opportunity for an information overload,” said Stephanie Truss, USAISR health, safety and environmental manager and co-coordinator of the fair.

Truss added that another intent of the fair was to introduce the staff to available in-house resources as well as to introduce new additions to the Institute.

“This was the first year that the Quality Management Division held a booth at the Awareness Fair,” said Shyamil Nana, a quality assurance analyst. “QMD monitors compliance throughout the Institute in accordance with applicable regulations and a lot of staff members do not realize that QMD is a valuable resource at keeping our mission viable.”

A new capability at the Institute

highlighted at the Awareness Fair was the Battlefield Health and Trauma Center for Human Integrative Physiology. The BHTCHIP was formed by the USAISR Senior Scientist to study inadequate tissue oxygenation associated with military trauma and battlefield health that will result in new knowledge and materiel solutions for accurate and timely assessment of war-

fighters suffering from hemorrhagic shock or compromised performance.

“A memorable comment received from an individual was the praise and interest within the compensatory reserve measurement device,” said Christian Magby, a clinical research coordinator. “Many individuals did not know what all it was and were very

FAIR Continues on Page 13



Top right: Spc. Melody Sandoval points at the area of mock fire being put out by David Smith at the Fire Extinguisher Station of the 3rd Annual Program Awareness Fair May 10.

Bottom right: Jeffrey Howard, Ph.D., right, explains the functions of the compensatory reserve measurement to Javier Chapa.



FAIR Continued from Page 12

excited to see it firsthand.”

A familiar booth at the fair was set up by Amarilys Silva, a family readiness coordinator from the Fort Sam Houston Military and Family Readiness Center. The MFRC booth provided information available on post for military and civilians.

“We have classes for anger management, conflict resolution, team building, personality assessment, time management and more,” said Silva.

“A couple of civilians told us that they loved us because they were able to utilize our programs because the programs are not just for active duty Service Members. Others didn’t know much about us and were interested in learning what we had to offer.”

The Awareness Fair was located at three different locations throughout the Institute and participation in some of the areas counted as quarterly or annual training requirements. Truss said that the fair is going to be an annual

occurrence for staff at the USAISR—a welcomed annual occurrence for some staff members.

“Many of our visitors liked the information presented today,” Sgt. Silvia Matchinske, the USAISR Primary Unit Prevention Leader who was in charge of the Army Substance Abuse Program booth. “Our board showed the statistics and rates of the number of deaths, sexual assault incidents, car accidents, ER visits, estimated annual cost, etc., involving alcohol consumption. Many were not even aware that the numbers/percentages of incidents related to underage drinking, binge drinking, drunk driving, and alcohol addiction among adults were as high as it was displayed during this event. Therefore, I feel that our main goal, to train and raise awareness, was definitely accomplished. Yes, this type of event is something that definitely should continue. We had a great time training people, sharing valuable information, as well as raising awareness on the importance of our programs.”



Top left: Stephanie Truss, left, presents Monica McCoy with a prize for her name being picked in a raffle at the 3rd Annual Program Awareness Fair May 10.

Center right: Lt. Col. Lawrence “Larry” Petz tries the “Bowling for Quality” at the Quality Management Division Booth.

Bottom left: Beatrice Stephens and Renee Greer are briefed on the capabilities of occupational health from Occupational Health Nurse Maria Dominguez.



USAISR Hosts Asian American Pacific Islander Heritage Month Observance at BAMC

The U.S. Army Institute of Surgical Research Equal Opportunity Team coordinated and hosted the 2017 Asian American Pacific Islander Heritage Month observation May 24 held at the Brooke Army Medical Center Medical Mall. The guest speaker was Sister Margit Maria Nagy, Professor of History at Our Lady of the Lake University and a founding member of the Japan America Society of San Antonio. Providing traditional Chinese music, dance and fighting techniques were members from the University of Texas at San Antonio Confucius Institute. Attendees at the observation were also treated to various traditional Asian foods.



Celebrating 2017 National Nurses Week

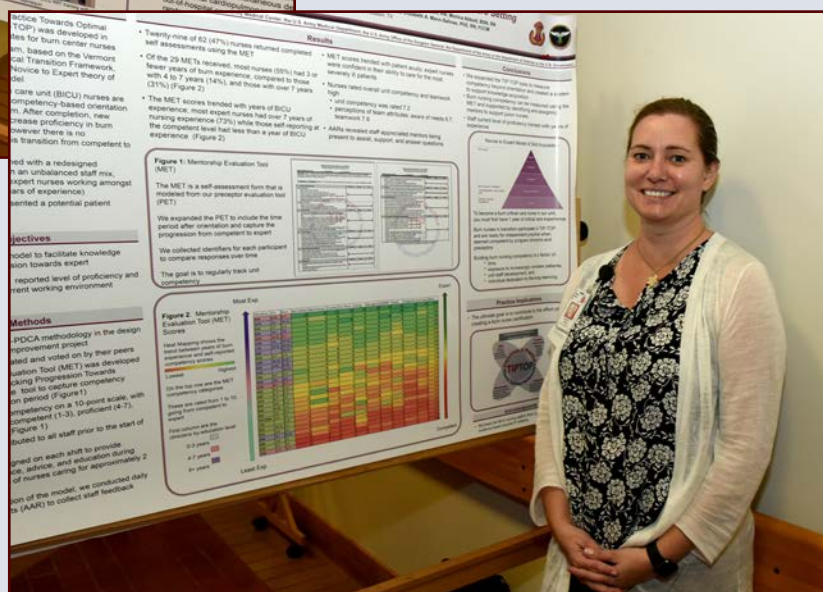
The 2017 National Nurses Week was held from May 6-12. U.S. Army Institute of Surgical Research Burn Center nurses along with Brooke Army Medical Center nurses participated in various events throughout the week to celebrate National Nurses Week. One of the events was a poster session held at the BAMC Medical Mall where nurses presented their research. Three USAISR posters were presented during the session.



Top: Capt. Sarah Hensley, BSN, RN

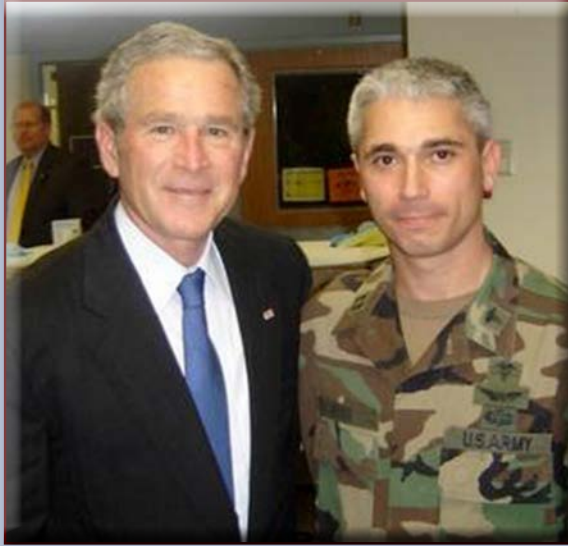
Center: Brent Sabatino, BSN RN

Bottom: Sarah Murray, MSN, ACNS, RN



Back When...

Last Month's Answer:



Can you guess who this ISR staff member is? This photo was taken in 2006 when he was a Captain at 4 South, Burn Intensive Care Unit.



Tameka Gillett
Supply Technician



Submit your photo to PAO for publication in upcoming issues.

the data was collected and how the data was used. A summary of data was used in several presentations and was the basis for an Army Medical Command Policy. A disposition for the data (records) was determined by researching the record series in accordance with the Army Consolidated Records Schedule (ACRS). This investigation required a documented record search. A Memorandum For Record (MFR) was written for review by the Chief of Research Regulatory Compliance and the Director of Research. The MFR was submitted to the Chief of Staff for approval of the record action. All of this consumed time and effort by staff members across the Institute.

As a take away: When we take on projects, research or other missions we have an obligation under public law to maintain records. There are tools and systems in place to help us fulfill this obligation. The staff in Records Management is here to advise and assist you in managing your data / records. Telephone: 210-539-3004/0645
Email: usarmy.jbsa.medcom-aisr.list.mib@mail.mil

For the Record

By Glen Gueller
Records/
Knowledge
Manager



Sometimes prior planning and following regulations can save us time while preserving the integrity of our various missions. Here is an example of where attention to detail could have saved the Institute time and resources.

Recently during a routine staff meeting at the Institute a discussion lead to the discovery of data that was collected for a study. The data had been stored since 2011 and the status

of the study was in question as the active duty Principle Investigators had departed the service.

The custodian of the data had carefully maintained the paper data sheets under lock and key. But unfortunately there was no paper trail to indicate the authority for the data collection. Only the paper data sheets remained. The data sheets consisted of a series of questions which asked patients about their medical condition. Because of the type of data collected the Institute holds a trust with the patients involved to ensure the data is used as it was intended.

On a positive note the data was properly secured and maintained during the handling. Unfortunately the data was not identified in a way to readily identify why it was collected and what should be done with the data once the project was completed.

A thorough review of the Institute's records lead to the discovery of why



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- ronmental health site assessments to identify potential threats and pathways of exposure, in accordance with ATP4-02.82 (para 3-3).
- Requires the completion of periodic occupational and environmental monitoring summaries to support geographic combatant commanders' health risk decision making (para 3-3).

So at this midpoint of the year we have new soldiers coming in joining the ISR family as well as those moving on to the next chapter. Welcome and Farewell. Happy, Healthy and Safe Summer!